



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 708, West Tower, Atlanta, GA 30334



www.oci.ga.gov

Phone: 404-656-2101 Fax: 404-656-0874 Email: agents@oci.ga.gov

AGENTS LICENSING

RESIDENT INSURANCE LICENSE APPLICATION

GID-103-AL JUL2012

18.	Have you ever:	<input type="checkbox"/> YES
	A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted .	<input type="checkbox"/> NO
	B. Had any other disciplinary action taken against you.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.	
19.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Do you or will you maintain an office as an insurance agent, adjuster, counselor, limited subagent or surplus lines broker in this state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever held an insurance license issued by this department? If yes, list license type, number and last year licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Have you held an insurance license of any type in any other state within the last 5 years? If yes, you must attach an original clearance letter from prior state dated within 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Have you completed and attached the Citizenship Affidavit Form GID-276-EN to this application? If not, you must do so in order for this application to be processed. The form is available at www.oci.ga.gov .	<input type="checkbox"/> YES <input type="checkbox"/> NO

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID 103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

NOTARY
(SEAL & SIGNATURE REQUIRED)

SIGNATURE OF APPLICANT _____ DATE _____

THIS _____ DAY OF _____ 2 _____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES _____

SPONSOR'S CERTIFICATE

(REQUIRED IF APPLYING FOR A TEMPORARY OR LIMITED SUBAGENT LICENSE ONLY)

I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS:

- (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF;
- (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR TEMPORARY AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH TEMPORARY AGENT OR LIMITED SUBAGENT;
- (3) WE DESIRE THAT THE APPLICANT BE LICENSED AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license

Print name and title of company official for temporary license or name of sponsoring agent for limited subagent

Signature of company official for temporary license or sponsoring agent for limited subagent license

The following INSTRUCTIONS (page 3 of this form) need not be printed and submitted with this application to reduce paper.

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www.oci.ga.govPhone: 404-656-2101 Fax: 404-656-0874 Email: agents@oci.ga.gov**RESIDENT INSURANCE LICENSE APPLICATION****AGENTS LICENSING****GID-103-AL JJUL2012****INSTRUCTIONS**

PLEASE NOTE: ALL NEW APPLICANTS, EXCLUDING ACTIVE LICENSEES AND INDIVIDUALS THAT APPLY FOR REINSTATEMENT WITHIN 6 MONTHS OF EXPIRATION DATE, SHALL BE REQUIRED TO SUBMIT ELECTRONIC FINGERPRINTS FOR A CRIMINAL BACKGROUND CHECK. THE APPLICANT SHALL BEAR THE COST FOR ELECTRONIC FINGERPRINTING. FINGERPRINTING INFORMATION CAN BE FOUND ON THE DEPARTMENT'S WEBSITE WWW.OCI.GA.GOV

ONLINE APPLICATION SERVICES ARE AVAILABLE AT WWW.SIRCON.COM/GEORGIA

IF APPLYING FOR VARIABLE PRODUCTS – A CURRENT U-4 /WEB CRD STATUS REPORT SHOWING NASD SERIES 6 OR 7 APPROVED REGISTRATIONS MUST BE SUBMITTED WITH THIS APPLICATION.

IF APPLYING AS A COUNSELOR, PUBLIC ADJUSTER OR SURPLUS LINES BROKER, LIMITED GROUP HEALTH COUNSELOR, APPROPRIATE BOND MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

IF APPLYING FOR A COUNSELOR LICENSE, MUST ATTACH SUPPLEMENT SHOWING EVIDENCE OF 5 YEARS EXPERIENCE AS AN AGENT, SUBAGENT OR ADJUSTER OR IN SOME OTHER PHASE OF THE INSURANCE BUSINESS OR SUFFICIENT TEACHING EXPERIENCE OR EDUCATIONAL QUALIFICATIONS.

EFFECTIVE 7-1-2012, ALL NEW LICENSES, EXCLUDING TEMPORARY LICENSES, WILL BE ISSUED ON A BIENNIAL BASIS.

FEE FOR AGENTS LICENSE FOR ONE CLASS/MAJOR LINE OF INSURANCE: \$115 TOTAL (\$100 LICENSE, \$15 APPLICATION) PLEASE NOTE THE FEE FOR AN AGENT LICENSE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED.

FEE FOR LIMITED SUBAGENT LICENSE \$120 TOTAL (\$100 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY).

FEE FOR ADJUSTER, COUNSELOR AND LIMITED GROUP HEALTH COUNSELOR LICENSES \$115 TOTAL
INCLUDES \$100 LICENSE, \$15 APPLICATION FEE.

FEE FOR SURPLUS LINES BROKER LICENSE \$615 TOTAL (INCLUDES \$600 LICENSE FEE, \$15 APPLICATION FEE).

FEE FOR A TEMPORARY LICENSE \$75 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY).

MAKE CHECKS OR MONEY ORDERS PAYABLE TO GEORGIA INSURANCE DEPARTMENT.

ADDRESS TO REMIT BY MAIL:

Georgia Dept. of Insurance-Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132

ADDRESS TO REMIT BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance-Agents Licensing Division, Lockbox 935132, 3585 Atlanta Ave, Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing. The form can be obtained from the department website.

ADDITIONAL INFORMATION REGARDING LICENSURE CAN BE FOUND ON THE DEPARTMENT'S WEBSITE WWW.OCI.GA.GOV

SCHEDULING OF THE EXAMINATION CAN BE DONE ONLINE AT WWW.PEARSONVUE.COM OR 1-800-274-0488.

YOU MAY VIEW YOUR LICENSING STATUS ONLINE AT WWW.OCI.GA.GOV OR WWW.SIRCON.COM/GEORGIA

This last page of INSTRUCTIONS (page 3 of this form) need not be printed and submitted with the application to reduce paper.



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**Illegal Immigration Reform And Enforcement Act
 Notice**

**ENFORCEMENT
 GID-276-EN AUG2012
 (replaces GID-235-SF)**

In accordance with O.C.G.A. § 50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with every application submitted to this Office:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

All applicants are required to submit LEGIBLE COPIES of these two (2) documents before an application can be processed. If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

MAILING INSTRUCTIONS

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

Spaces #1 - #3 – Applicant should put an X in the space that best describes the applicant's citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

Spaces #4 - #5 – Applicant should fill in the city and state in which this affidavit form is being notarized.

AN APPLICATION CANNOT BE PROCESSED IF THE CITIZENSHIP AFFIDAVIT FORM IS NOT COMPLETELY FILLED OUT.



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 Citizenship Affidavit Form**

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If you know one of the following identifiers, please enter it here:

License # _____ **NAIC #** _____ **Employer ID #** _____

O.C.G.A. §50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

[Check ONLY ONE of the following:]

- 1) _____ I am a United States citizen; OR
- 2) _____ I am a legal permanent resident of the United States; OR
 My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
 My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

 Signature of Applicant

 Printed Name of Applicant

SUBSCRIBED AND SWORN
 BEFORE ME ON THIS THE
 ____ DAY OF _____, 20____

 NOTARY PUBLIC

My Commission Expires:



SUBMIT ONLY THIS COMPLETED CITIZEN AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION

This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs or services. Disabled persons needing this document in another format can contact the ADA Coordinator for this office at No. 2 Martin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.

Citizenship
 Affidavit



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**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



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- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]